

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 4

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$(1,500,000)

b. FFY 2001 \$(1,500,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 2 to
ATTACHMENT 3.1-A and 3.1-B
Pages 4, 4a, and 4b9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 2 to
ATTACHMENT 3.1-A and 3.1-B
Pages 4, 4a, and 4b

10. SUBJECT OF AMENDMENT:

Smoking cessation (Pharmacy)

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME

Elizabeth S. Lawton

14. TITLE:

Commissioner

15. DATE SUBMITTED:

September 8, 2000

16. RETURN TO:

Bureau for Medical Services
Commissioner's Office
Room 251, 350 Capitol Street
Charleston, WV 25301-3706

3.1 AMOUNT, DURATION AND SCOPE OF ASSISTANCE

- d. Certain drugs are limited by gender or age according to FDA approved indications. Prior authorization is available for special circumstances.
 - e. Smoking cessation drugs are limited to a 12-week supply per year with prior authorization.
- B. Non-legend drugs are covered as follows with a prescription (**Residents in skilled and intermediate nursing facilities are excluded from coverage**). Unless otherwise specified, only generic products will be covered.
 - 1. Family planning supplies.
 - 2. Multiple vitamins for children to age 18.
 - 3. Prenatal vitamins for women through age 45.
 - 4. Vitamins, vitamin/mineral preparations and other medications prescribed for End Stage Renal Disease (ESRD).
 - 5. Other over-the-counter (OTC) drugs which appear on the West Virginia Medicaid approved coverage list.
- C. Quantities and Duration
 - 1. Covered outpatient drugs are reimbursed up to a 34-day supply per prescription and up to 5 refills per prescription.
 - 2. The maximum number of prescriptions per eligible recipient, per month, available without prior approval, is ten (10). (**Residents in skilled and intermediate nursing facilities have no maximum number of prescriptions**). Prescriptions exceeding ten per eligible recipient per month will require prior authorization.
 - 3. Certain drugs are limited by quantity, number of allowable refills, or duration of use.

3.1 AMOUNT, DURATION AND SCOPE OF ASSISTANCE

12. b. Dentures

Prior authorization may be required.

12. c. Prosthetic Devices

Prior authorization may be required for certain procedures.

12. d. Eyeglasses

Certain procedures require narrative description of the service provided or laboratory invoice, or prior authorization.